

FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

077820949

APPLICANT(S)

CLAIMS						
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3						
4		2				
5	/					
6	/					
7	/					
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17	/					
18		/				
19	/					
20		/				
21		/				
22		1				
23	/					
24	/					
25	/					
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35	/					
36		/				
37	/					
38		/				
39		/				
40		1				
41	/					
42	/					
43	/					
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

NO.	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1						
52		1						
53	/							
54	/							
55		2						
56		1						
57		1						
58		1						
59		1						
60		1						
61		1						
62	/							
63	/							
64	/							
65	/							
66		1						
67		1						
68		1						
69		1						
70		1						
71		1						
72		1						
73		1						
74		1						
75		1						
76		1						
77		1						
78		1						
79		1						
80		1						
81		1						
82		1						
83		1						
84		1						
85	/							
86	/							
87	/							
88	/							
89		1						
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								